**UNITEC - Incident Report**

**Security Centre**

[security@unitec.ac.nz](mailto:security@unitec.ac.nz)

**Ext: 7114 (Team Leaders) – Ext: 7116 (Administration)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Report No: | **CRITICAL INCIDENT Y/N** | Mon | Tue | Wed | Thu | Fri | Sat | Sun |

Day Month Year Times

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident Type:** | **On/From** |  |  |  |  |  |  |  |  |  |  |
|  | **To** |  |  |  |  |  |  |  |  |  |  |
| **Location:** | **Reported** |  |  |  |  |  |  |  |  |  |  |
|  | **Police Attended** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name in Full | Full Contact Address: | ID No. | Phone Contact |
| **Complainant:**  **Email:** |  |  | **Cell:** |
| **Witness:**  **Email:** |  |  | **Cell:** |
| **Witness:**  **Email:** |  |  | **Cell:** |

|  |  |  |
| --- | --- | --- |
| Staff/Student/Visitor/Contractor/ /Lessee  **(Highlight Which One)** | Physical Injuries: | Medical Treatment-Where: |

## *FULL* Description of Occurrence

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Security Assistants** | **Campus Contractor** | **CCTV/Team Leader** | **Police Event/Job No** | **Fire Service Event No.** |
|  |  |  |  |  |
| **Ambulance Service Job No:** | **Health & Safety Advised** | **CCTV Footage Prepared** | **Police Office Attending** | **Fire Officer in Charge** |
| ***Yes No***  ***Number:*** | ***Yes No***  ***Number:*** | ***Yes No*** | ***Yes No*** |  |

**Vehicle – Stolen/Lost/Damaged**

|  |  |
| --- | --- |
| **Model/Make/Colour** |  |
| **Registration No.** |  |
| **Point of Access** |  |
| **Full Details of**  **Damage Done** |  |
| **Damage Cost** |  |
| **Name of**  **Insurance Company** |  |
| **Reported to POLICE** |  |

**Property – Stolen/Lost/Damaged**

|  |  |  |
| --- | --- | --- |
| **Number** | **Full Description of Missing Items + Serial numbers** | **Value** |
|  |  |  |
|  |  |  |
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|  |  |  |
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|  |  |  |
|  |  |  |

**Signature:**

**Date:**

|  |
| --- |
| **Follow Up**  (Team Leaders/Manager) |

|  |  |  |  |
| --- | --- | --- | --- |
| Security Manager | Team Leader | Insurance Company | CCTV Disk Prepared |
|  |  |  | Yes No |

***If there is not enough room on this report, please use a blank sheet of paper and submit that as well.***